



#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Timothy N. Hentschel, et al.

App. No. : 10/707,733

Filed: January 8, 2004

For : ONLINE GROUP

**RESERVATION SYSTEM** 

Examiner : Joseph, Tonya S.

Group Art Unit: 3628

27299
PATENT TRADEMARK OFFICE

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 17, 2009 (Date)

Peter J. Gutierrez, III, Reg. No. 56,732

### **AMENDMENT TRANSMITTAL**

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Sir:

Transmitted herewith in the above-entitled application are the following:

- (X) Amendment and Response to Restriction Requirement (9 pages).
- (X) A small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- (X) Return prepaid postcard.

# LEXYL.001RC1 Appl. No. 10/707,733

The fee has been calculated as shown below:

CLAIMS AS FILED									
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE			
Total Claims	23	MINUS	23	= 0 X	\$ 26	= \$0			
Independent Claims	3	MINUS	3	= 0 X	\$110	= \$0			
If application has been dependent claim(s),		contain multiple			\$195	= \$0			
(Select only one)	<del>. ,</del>			one month	\$ 65	= \$0			
Time Extension Fees:	:			two months	\$245	= \$0			
				three months	\$555	= \$0			
		<b>₽</b>		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00			

(X) The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required to Deposit Account No. 501423. A duplicate copy of this sheet is enclosed.

GAZDZINSKI & ASSOCIATES, PC

Dated: December 17, 2009

Peter J. Gutierrez, III Registration No. 56,732

11440 West Bernardo Court, Suite 375

San Diego, CA 92127

Telephone No. (858) 675-1670 Facsimile No. (858) 675-1674



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Independent Claims	3	MINUS	3	= 0 X	\$110	= \$0			
If application has been amended to contain multiple dependent claim(s), then add				<u>.</u>	\$195	= \$0			
(Select only one)		<del></del>		one month	\$ 65	= \$0			
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